

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5076HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/12/2011
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 6280 S VALLEY VIEW BLVD STE 522 LAS VEGAS, NV 89118		
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H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Focused State Relicensure survey conducted in your facility on 5/12/11, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The agency census was 80. Five patient records were reviewed. Ten Employee files were reviewed. One home visit was conducted.</p> <p>The following regulatory deficiencies were identified:</p>	H 00			
H129	<p>449.770 Governing Body; Bylaws</p> <p>4. The governing body is responsible for periodic administrative and professional evaluations of the agency. This Regulation is not met as evidenced by: Based on document review and staff interview, the agency governing body failed to provide for annual administrative and professional evaluations of the agency.</p>	H129			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H129	Continued From page 1 During review of agency documents, the agency lacked documented evidence that the governing body provided for an annual evaluation of the agency as required by statute. Interview with the Administrator confirmed this information. Scope: 3 Severity: 2	H129			
H130	449.770 Governing Body; Bylaws 5. The governing body shall receive, review and take action on recommendations made by the evaluating groups and document those actions. This Regulation is not met as evidenced by: Based on document review and staff interview, the agency governing body failed to provide for annual administrative and professional evaluations of the agency and review of those reports. Scope: 3 Severity: 2	H130			
H137	449.773 Administrator 3. The administrator shall appoint a person authorized to act in his absence. The person appointed by the administrator must possess the qualifications set forth in subsection 1. This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to update the appointment of an authorized Administrative designee to act as Administrator in the event the Administrator was unavailable. The appointment letter presented as part of the agency documentation listed an employee that was not longer employed. Interview with the Director of the agency revealed that the	H137			

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H137	Continued From page 2 appointment had not yet been updated. Scope: 3 Severity: 2	H137			
H142	449.779 Professional Advisory Group 3. The advisory group shall meet at regular intervals, but at least once a year. Dated minutes must reflect an evaluation of overall agency performance, including the availability of services, the utilization of services and the quality of services. Recommendations must be forwarded to the governing body. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the agency failed to provide for a professional advisory group to meet at least yearly to evaluate and review the agency operation as required by statute. During review of agency documents, there was a lack of documented evidence that the agency's professional advisory group met at least yearly as required by statute. Scope: 3 Severity: 2	H142			
H143	449.779 Professional Advisory Group 4. The advisory group must be available to advise the governing body on policies issued and the evaluation of programs. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the agency did not convene the professional advisory group per statute to advise the governing body on policies and evaluation of the agency program.	H143			

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H143	Continued From page 3 During review of the agency documents, there was a lack of documented evidence that an annual agency evaluation had been conducted with a report of results to the governing body as required by statute. Interview with the Administrator confirmed this. Scope: 3 Severity: 2	H143			
H149	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 3. The orientation of all health personnel to the policies and objectives of the agency, training while on the job, and contributing education; This Regulation is not met as evidenced by: Based on employee record review, the agency failed to provide orientation to employees as required by statute for 5 of 10 employee records reviewed. (Employees #1, #2, #4, #6 and #10) Review of personnel records revealed lack of documented evidence that Employees #1, #2, #4, #6 and #10 had been oriented to agency operation and job duties. Scope: 3 Severity: 2	H149			
H151	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification,	H151			

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H151	Continued From page 4 responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 5. Job descriptions for each category of personnel which are specific and include the type of activity each may carry out; This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to include a job description in the personnel file for 3 of 10 employees. (Employees #2, #6 and #10) During review of Employees #2, #6 and #10's personnel records, the records lacked documented evidence that the employees had been given job descriptions for their respective positions. Interview of agency office staff confirmed this. Scope: 2 Severity: 2	H151			
H152	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.	H152			

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H152	<p>Continued From page 5</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188 <http://www.leg.state.nv.us/NRS/NRS-449.html>;</p> <p>(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);</p> <p>(c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had</p>	H152			

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H152	<p>Continued From page 6</p> <p>been convicted of any crime set forth in NRS 449.188 <http://www.leg.state.nv.us/NRS/NRS-449.html>.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 <http://www.leg.state.nv.us/NRS/NRS-449.html> and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The Central Repository for Nevada</p>	H152			

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H152	<p>Continued From page 7</p> <p>Records of Criminal History may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. (Added to NRS by 1997, 442; A 1999, 1946 <http://www.leg.state.nv.us/Statutes/70th/Stats199912.html>; 2005, 2170 <http://www.leg.state.nv.us/Statutes/73rd/Stats200521.html>)</p> <p>Based on record review and staff interview, the agency failed to provide criminal background checks on employees or to have employees sign an affidavit of felony conviction as required by statute for 2 of 10 employee records reviewed. (Employees #4 and #10)</p> <p>Review of employee records revealed lack of documented evidence that Employee #10 had signed an affidavit of felony conviction.</p> <p>Review of employee records revealed lack of documented evidence that Employee #4's criminal background check results had been obtained. The employee's date of hire was 1/20/11. There was lack of documented evidence that follow up had been done with the department of Public Safety to check on the status of the background results. This was confirmed during interview with office staff.</p> <p>Scope: 2 Severity: 2</p>	H152			

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H153	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p>	H153			

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H153	<p>Continued From page 9</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and</p>	H153			

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H153	<p>Continued From page 10</p> <p>Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on employee file review, the agency failed to ensure compliance with chapter 441A of Nevada Administrative Code for 9 of 10 employees. (Employees #1, #2, #3, #4, #5, #7, #8, #9 and #10)</p> <p>Review of Employee #4's personnel file revealed a lack of documented evidence of tuberculin testing.</p> <p>Review of Employee #5, #7 and #10's personnel file revealed a lack of documented evidence of current and timely tuberculin testing.</p> <p>Review of Employee #2 and #9's personnel file revealed a lack of documented evidence of a positive tuberculin test prior to the chest X-ray as required by statute.</p> <p>Review of Employee #2's personnel file revealed a lack of documented evidence of a prehire physical.</p> <p>Review of Employees #1, #3, #8 and #9's personnel file revealed a lack of documented evidence of the correct phrase "in a state of good</p>	H153			

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H153	Continued From page 11 health, is free from active tuberculosis and any other communicable disease in a contagious stage" as required in statute on the documentation of the prehire physical. Scope: 3 Severity: 2	H153			
H167	449.788 Services to Patients 2. Services must be supplied only by qualified personnel and under the supervision of a physician licensed to practice in this state. Qualifications include licensure, registration, certification or their equivalent, as required by state or federal law, for each of the following disciplines: (a) The professional registered nurse must hold a state license. (b) The practical nurse must hold a state license (c) The home health aide must hold a certificate as a nursing assistant issued by the state board of nursing. (d) The physical therapist must be registered in this state. (e) The occupational therapist must meet the requirements of the American Occupational Therapy Association or the equivalent thereof. (f) The speech therapist must hold a certificate from the American Speech and Hearing Association or the equivalent thereof. (g) The social worker must be licensed pursuant to chapter 641B of NRS. (h) The nutritionist must have a bachelor of science degree in home economics in food and nutrition or the equivalent thereof. (i) The inhalation therapist must be registered by the American Association of Inhalation Therapists or the equivalent thereof. This Regulation is not met as evidenced by:	H167			

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H167	Continued From page 12 Based on review of the personnel records, the agency failed to ensure employee records contained current employee licensure for 3 of 10 employee files sampled. (Employee #2, #7 and #10) Review of Employees #2, #7 and #10's personnel records revealed a lack of documented evidence that each of the employees was currently licensed to practice their discipline in the State of Nevada as required by statute. Scope: 2 Severity: 2	H167			
H175	449.793 Evaluation by Governing Body 1. The governing body of an agency is responsible for providing for an evaluation of the agency once a year. The purpose of the evaluation is to audit, review policies and procedures, and recommend additions or changes and ensure that the policies and regulations are being met. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the governing body of the agency failed to provide for administrative and professional evaluation of the agency. During review of the agency documents, there was a lack of documented evidence that an annual agency evaluation had been conducted with a report of results to the governing body as required by statute. Interview with the Administrator confirmed this. Scope: 3 Severity: 2	H175			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H179	Continued From page 13	H179			
H179	449.793 Evaluation by Governing Body 5. A committee shall review the medical and personnel policies to ensure that the policies are being fulfilled and necessary changes or additions are effected. This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to have the policies and procedures reviewed by the annual evaluation committee. During review of the agency documents, there was a lack of documented evidence that an annual agency evaluation had been conducted with a review of the policies and procedures as required by statute. Interview with the Administrator confirmed this. Scope: 3 Severity: 2	H179			
H180	449.793 Evaluation by Governing Body 6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during the preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the	H180			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

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H180	<p>Continued From page 14</p> <p>branch offices are small, two or more offices may establish one committee to review cases from each are. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on document review and staff interview, the agency governing body failed to provide for review of clinical records on a quarterly basis as required by statute.</p> <p>During review of the agency documents, there was a lack of documented evidence that an utilization review program had been conducted with a report of results as required by statute. Interview with the Administrator confirmed this.</p> <p>Scope: 3 Severity: 2</p>	H180			

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